

<b>Case Number:</b>	CM15-0198274		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male patient, who sustained an industrial injury on 06-25-2013. The diagnoses include cervicgia, cervical radiculopathy, lumbago, lumbar radiculopathy, right hand pain, and right knee pain. Per the progress notes dated 07-07-2015 and 08-04-2015, the patient had complaints of low back and neck pain rated 4-6 out of 10 with use of medication. Objective findings revealed right sided straight leg raise test, tenderness to palpation over the lumbar paraspinal muscles and cervical paraspinal muscles, and positive Spurling's test on the right. The medications list includes Norco, Tramadol, Tizanidine, and compound analgesic cream. He has had a MRI of lumbar spine report dated 12-15-2014 which revealed multilevel degenerative changes characterized by facet and ligamentum flavum hypertrophy with variable degrees of disc bulge most notably at the levels of L3-4 and L4-5 and focal T2 prolongation at the annulus at L4-5 which may reflect an acute annular tear; MRI of the cervical spine report dated 12-15-2014 which revealed multilevel degenerative changes secondary to small disc protrusions, facet and uncinat hypertrophy, none of which cause significant neural foraminal or spinal stenosis; EMG/NCS upper extremities dated 5/15/2014 which revealed right carpal tunnel syndrome; EMG/NCS lower extremities dated 8/12/2014 which revealed irritation of the right S1 radiculopathy; MRI right hand dated 5/8/15 which revealed arthritic changes in all fingers. The patient is currently temporarily totally disabled. Treatment and diagnostics to date has included therapy and medications. The request for authorization dated 08-04-2015 requested cervical epidural steroid injection at C4-C5, C5-C6, and C6-C7 levels with fluoroscopy and lumbar epidural steroid injection at L3-L4, L4-L5, and L5-S1 levels with fluoroscopy. The Utilization Review with a decision date of 09-08-2015 non-certified the request for cervical epidural steroid injection at C4-C5, C5-C6, and C6-C7 levels with fluoroscopy and lumbar epidural steroid injection at L3-L4, L4-L5, and L5-S1 levels with fluoroscopy.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Cervical epidural steroid injection at C4-C5, C5-C6 and C6-C7 levels with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Online Version) Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Cervical epidural steroid injection at C4-C5, C5-C6 and C6-C7 levels with fluoroscopy. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. As stated above, ESI alone offers no significant long-term functional benefit. In addition, this request is injection at 3 levels and the cited guidelines do not recommended injection at more than 2 level. The medical necessity of cervical epidural steroid injection at C4-C5, C5-C6 and C6-C7 levels with fluoroscopy is not medically necessary for this patient.

### **Lumbar epidural steroid injection at L3-L4, L4-L5 and L5-S1 levels with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter (Online Version) Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Lumbar epidural steroid injection at L3-L4, L4-L5 and L5-S1 levels with fluoroscopy. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short

term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. As stated above, ESI alone offers no significant long-term functional benefit. In addition, this request is for injection at 3 levels and the cited guidelines do not recommended injection at more than 2 level. The medical necessity of Lumbar epidural steroid injection at L3-L4, L4-L5 and L5-S1 levels with fluoroscopy is not medically necessary for this patient.